

Name  
In  
Full

## CERTIFICATE OF DEATH

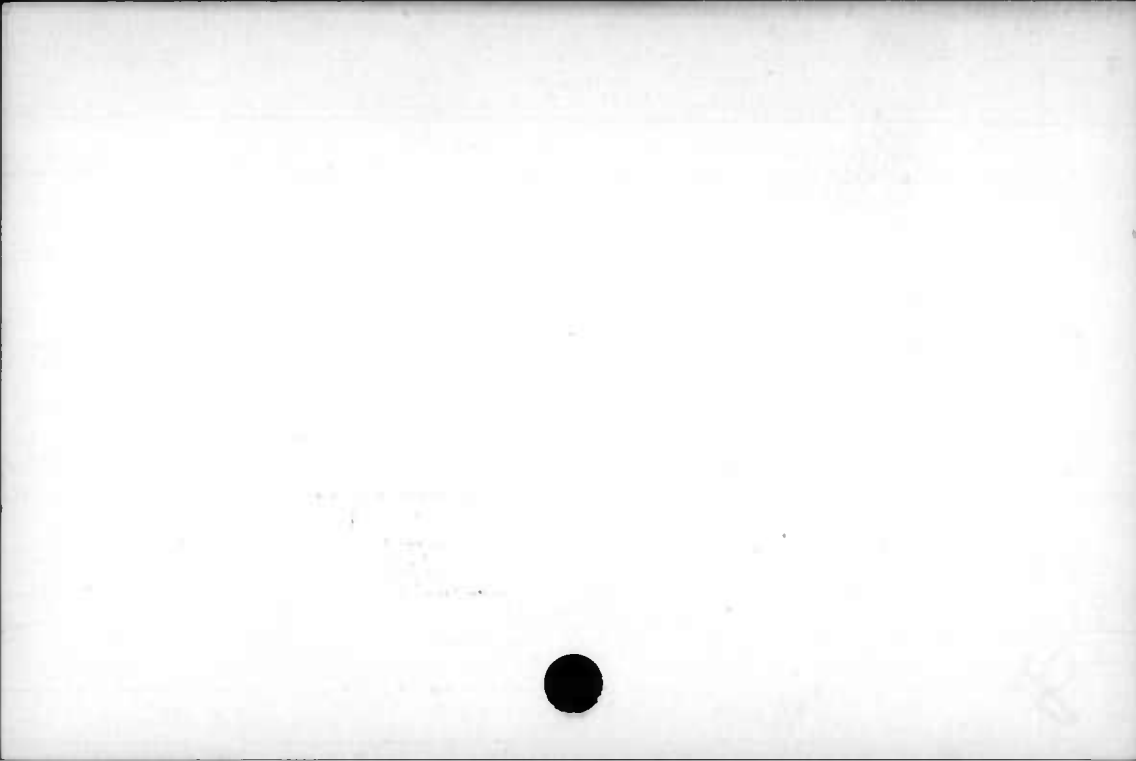
TO BE ANSWERED BY  
NEAREST FRIEND

Name In Full <i>James Beauchamp</i>		Town <i>Concord</i>		County <i>Cecil</i>		MARYLAND	
Died at		Date of death <i>1907</i>		Month <i>July</i>		Day <i>29</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Years <i>73</i>		Months <i>9</i>	
Occupation <i>Farmer</i>		Birth- place <i>Maryland</i>		Age <i>73</i>		Days <i>—</i>	
Where Residing if not at place of death <i>Concord, Md</i>							
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Rebecca Ann Lockerman</i>					
Father's Name <i>Thomas Beauchamp</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Sarah Wooley</i>		Mother's Birthplace <i>"</i>					
Name of person giving Information <i>William Beauchamp</i>		How related to deceased <i>Brother</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Heart disease &amp; Dropsy</i>	How long <i>2 Weeks</i>
Immediate <i>Heart failure</i>	How long <i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>Is</i>	Signature of Physician <i>Crook George</i>
	Address <i>Seaton Cecil County Maryland</i>
Accident or Suicide? <i>~</i>	



Name  
in  
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## CERTIFICATE OF DEATH

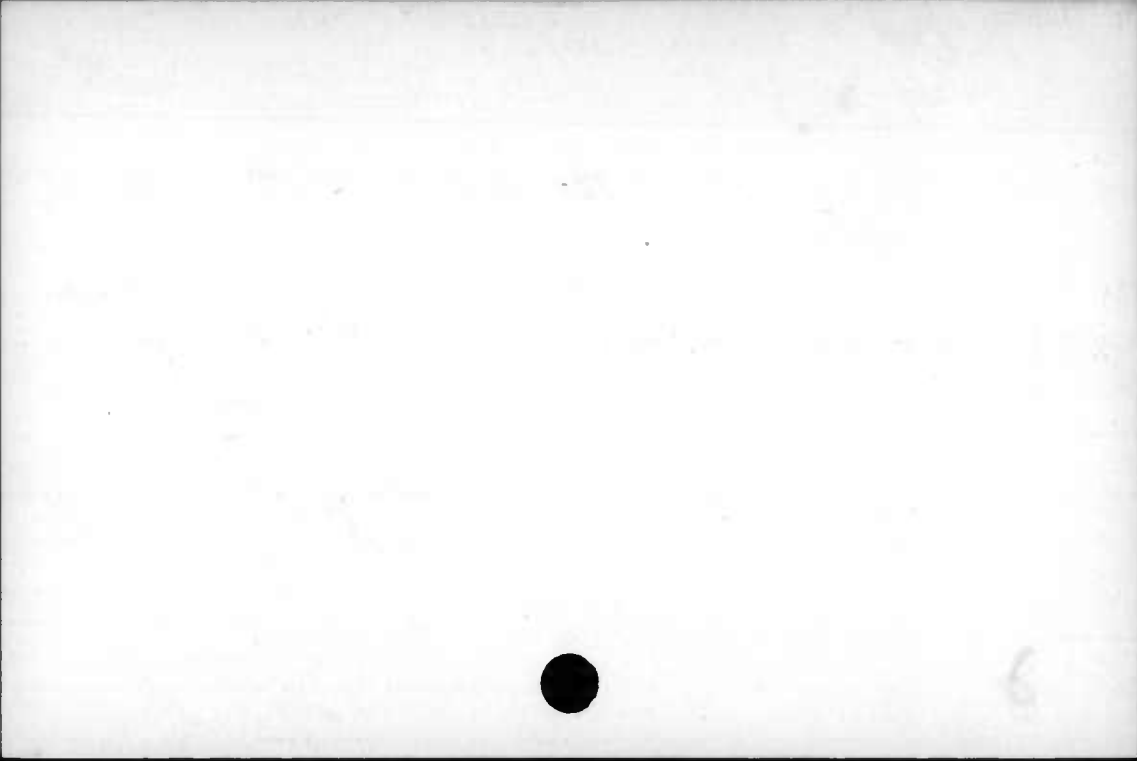
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>James Bowman</i>		Town <i>Near Federalburg</i>		County <i>Caroline</i>		State <b>MARYLAND</b>	
Died at <i>Near Federalburg</i>		Month <i>1</i>		Day <i>21</i>		Years <i>14</i>	
Date of death <i>1907</i>		Month <i>1</i>		Day <i>21</i>		Age <i>14</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Adopted Child of Thos. M. White</i>				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>93</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Geo. F. Galloway</i>
<i>S</i>	Address <i>Federalburg Md</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>New Preston</i> <sup>Town</sup>		<i>Caroline</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i> <sup>Month</sup> <i>Jan</i> <sup>Day</sup> <i>14</i> <sup>Years</sup> <i>53</i>		Age <i>53</i>		Months <i>—</i> Days <i>—</i>	
Sex <i>male</i>		Color or Race <i>Black</i>		Birth-place <i>Maryland</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Ballie Dickinson</i>			
Father's Name <i>Don't know</i>		Father's Birthplace <i>Don't know</i>			
Mother's Maiden Name <i>Margaret Butler</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>William H. Hollis</i>		How related to deceased <i>None</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Bright's Disease</i> <i>10</i> <i>39 months</i>	
Immediate		
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>J. L. Hobbs</i>
		Address <i>Preston Md.</i>
Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Alice Cheezum*

Died at *near Boston* Town *Barnstable* County *MARYLAND*

Date of death *1907* Month *1st* Day *30* Age *7* Years *3* Months *3* Days

Sex *Female* Color or Race *White* Birth-place *MD*

Occupation *Seafaring* Where Residing if not at place of death ☒

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name  *Jas E Cheezum*  Father's Birthplace *MD*

Mother's Maiden Name *Louise* Mother's Birthplace *MD*

Name of person giving information  *Walter E Cheezum*  How related to deceased *Father*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Pneumonia* How long *17 days*

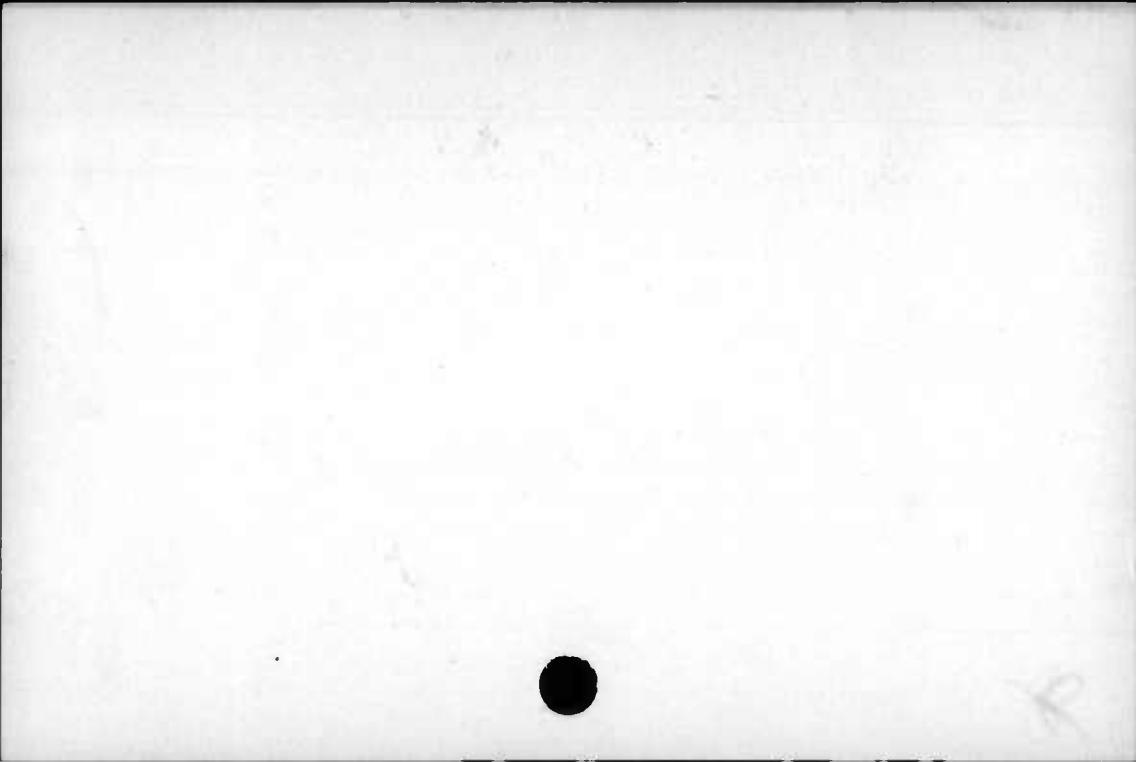
Immediate *Dysentery* How long *28 hours*

Are the name, age, sex, color, date and place correctly given above? *YES*

Signature of Physician *Frederick Brown*

Address *Boston MD*

Accident or Suicide? ☐



Name  
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Reynolds Young Collins

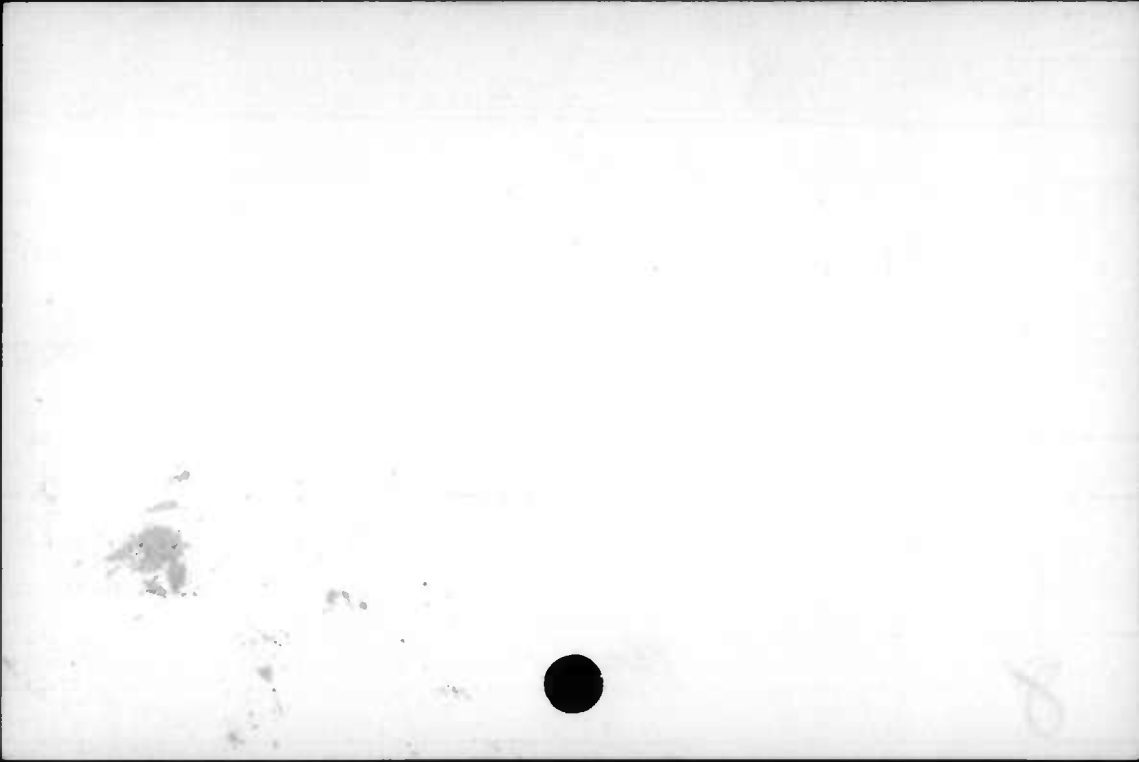
## CERTIFICATE OF DEATH

Died at <sup>Town</sup> <i>Willsboro</i>		<sup>County</sup> <i>Caroline</i>		MARYLAND	
Date of death	1907	Month	Jan	Day	13
Age	71	Years		Months	6
Sex	Male	Color or Race	White	Birth-place	Maylow
Occupation	Farmer		Where Residing if not at place of death <i>Willsboro Md</i>		
Married, Single or Widowed	Widower	Name of Wife or Husband	<i>Lydca White</i>		
Father's Name	<i>Abraham Y Collins</i>			Father's Birthplace	<i>Maylow</i>
Mother's Maiden Name	<i>Helly M Young</i>			Mother's Birthplace	<i>Maylow</i>
Name of person giving information	<i>Mrs Alice Bly</i>			How related to deceased	<i>Daughter</i>

TO BE ANSWERED BY  
NEAREST FRIEND

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Paralyses</i>	<i>66</i>	How long	<i>4 Jan</i>
	Immediate	<i>Exhaustion</i>		How long	<i>2 days</i>
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Crowch Young W</i>	
			Address	<i>Willsboro Caroline County Maylow</i>	
Accident or Suicide? <i>-</i>					



Name  
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Lucille Dulin


## CERTIFICATE OF DEATH

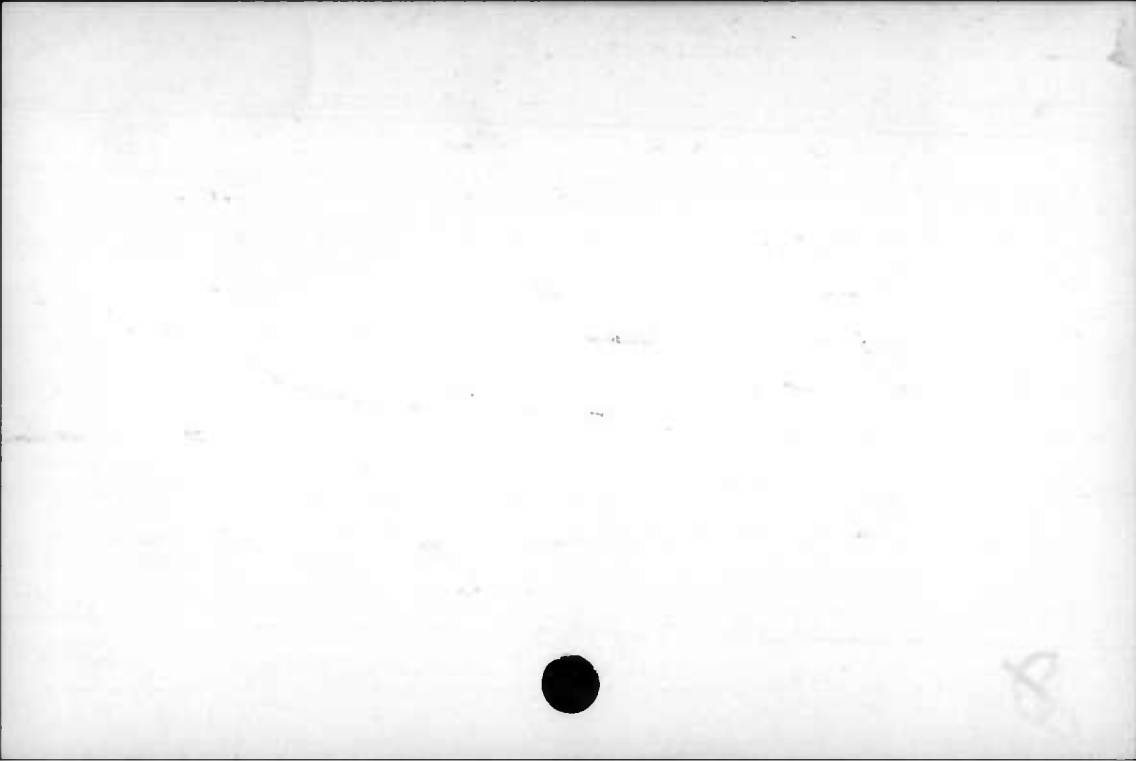
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Preston</i>		County <i>Caroline</i>		MARYLAND	
Date of death	1907	Month	1	Day	3
Age		Years		Months	
7		6		7	
Sex	Female		Color or Race	W	
Birth-place	Md				
Occupation	Schoolgirl		Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>W R Dulin</i>		Father's Birthplace	
Mother's Maiden Name		<i>Corab Cheezum</i>		Mother's Birthplace	
Name of person giving information		<i>W R Dulin</i>		How related to deceased	
				<i>Father</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Sporadic Croup</i>	How long	<i>Several hr</i>
Immediate	<i>Membranous Croup</i>	How long	<i>few hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>J</i>		<i>Raymond Downes</i>	
Accident or Suicide?		Address	
			



Name  
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## CERTIFICATE OF DEATH

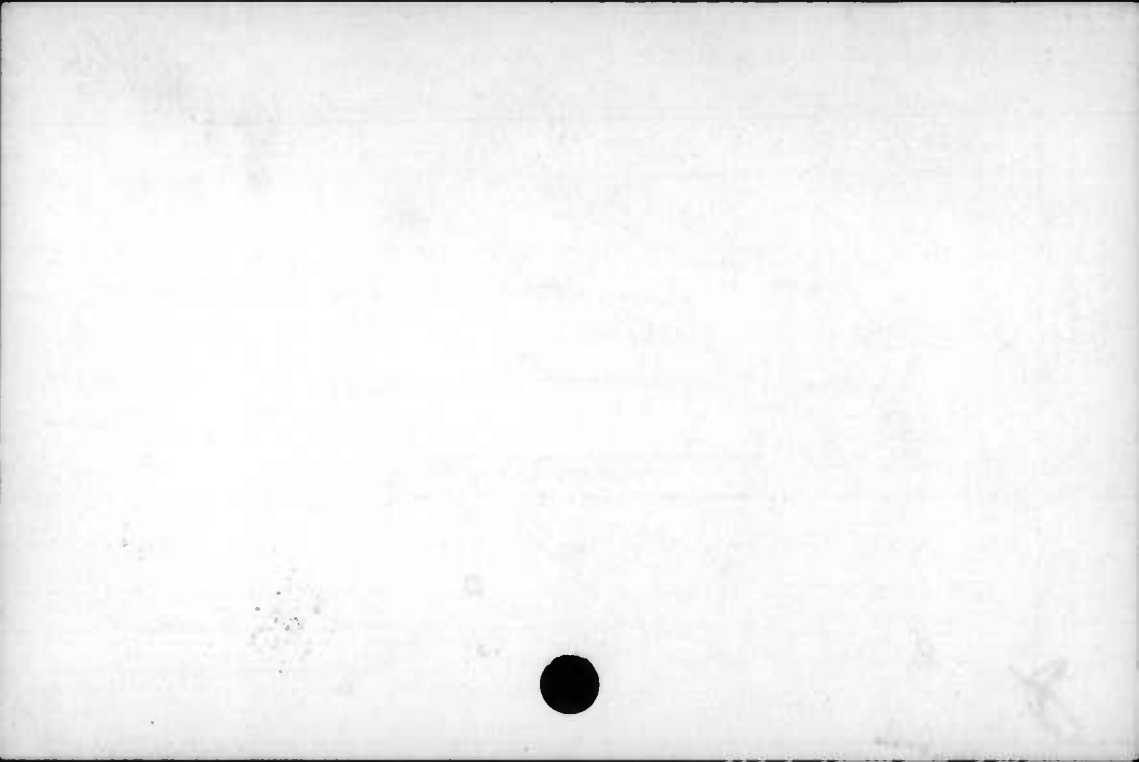
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Horton</u> <small>Town</small>		<u>Caroline</u> <small>County</small>		MARYLAND	
Date of death	1907	Month	1	Day	24
Age	83	Years	1	Months	—
Sex	Female	Color or Race	White	Birth-place	Va.
Occupation	Housewife		Where Residing if not at place of death <u>same</u>		
Married, Single or Widowed	Widowed	Name of Wife or Husband <u>Annmaria Edwards</u>			
Father's Name	Thomas Mason			Father's Birthplace	Va.
Mother's Maiden Name	Sarah Ferry			Mother's Birthplace	Va.
Name of person giving information	Rose F. Hawley			How related to deceased	Granddaughter

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Heart disease</u>	How long	<u>10 weeks</u>
Immediate	<u>same</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<u>P. R. Fisher</u>	
Address		<u>Horton</u>	
Accident or Suicide?		<u>—</u>	



Name  
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Mable Galena Gibbs

## CERTIFICATE OF DEATH

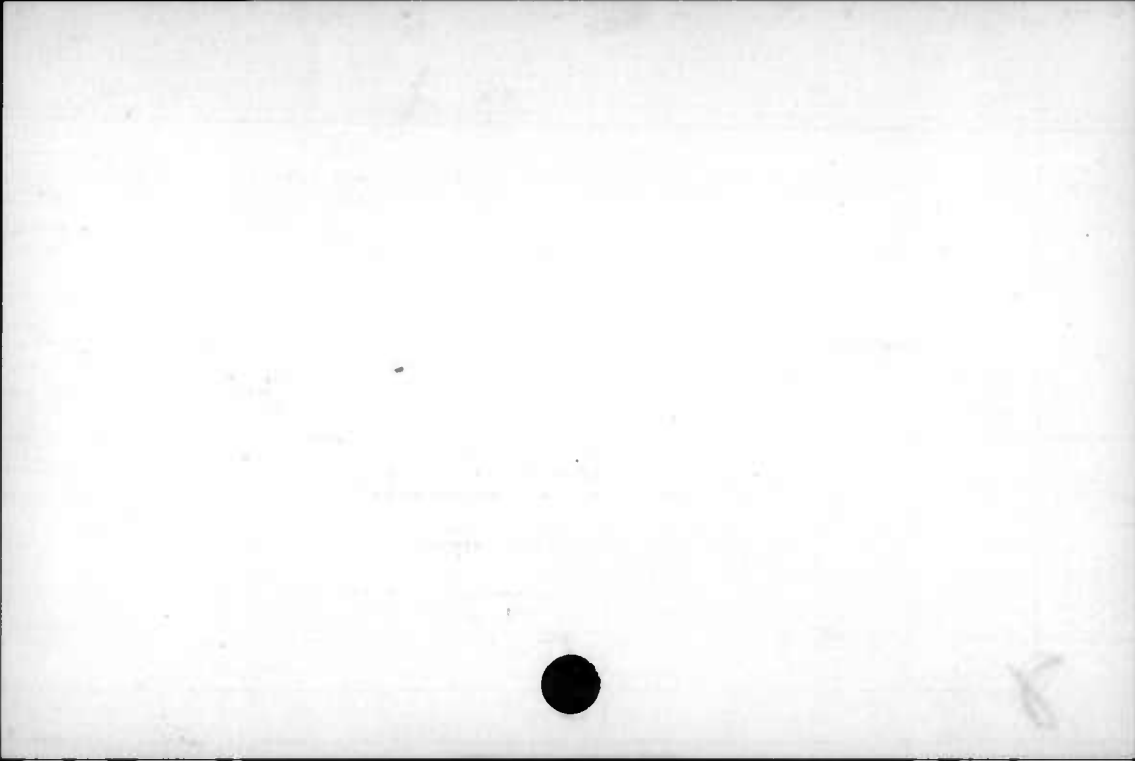
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <u>Ridgely</u>		County <u>Caroline</u>		MARYLAND	
Date of death		Month <u>June</u>	Day <u>21</u>	Age <u>Two</u>	Years	Months	Days
Sex <u>female</u>		Color or Race <u>colored</u>		Birth-place <u>Ridgely</u>			
Occupation				Where Residing if not at place of death <u>Ridgely</u>			
Married, Single or Widowed <u>X</u>		Name of Wife or Husband <u>Gintract Gibbs</u>		<u>Ridgely</u>			
Father's Name <u>Thosaron Gibbs</u>		Father's Birthplace <u>Ridgely</u>					
Mother's Maiden Name <u>Gintract Gibbs</u>		Mother's Birthplace <u>Ruthsburg</u>					
Name of person giving information				How related to deceased <u>Mother</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>burned</u>	How long	<u>4 hrs</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>no Dr Eben T. Jones</u>	
		Address <u>Wintertaker</u> <u>Ridgely</u>	
Accident or Suicide?			



Name  
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*Alfred. Gross (A. B. Gross)*

CERTIFICATE OF DEATH

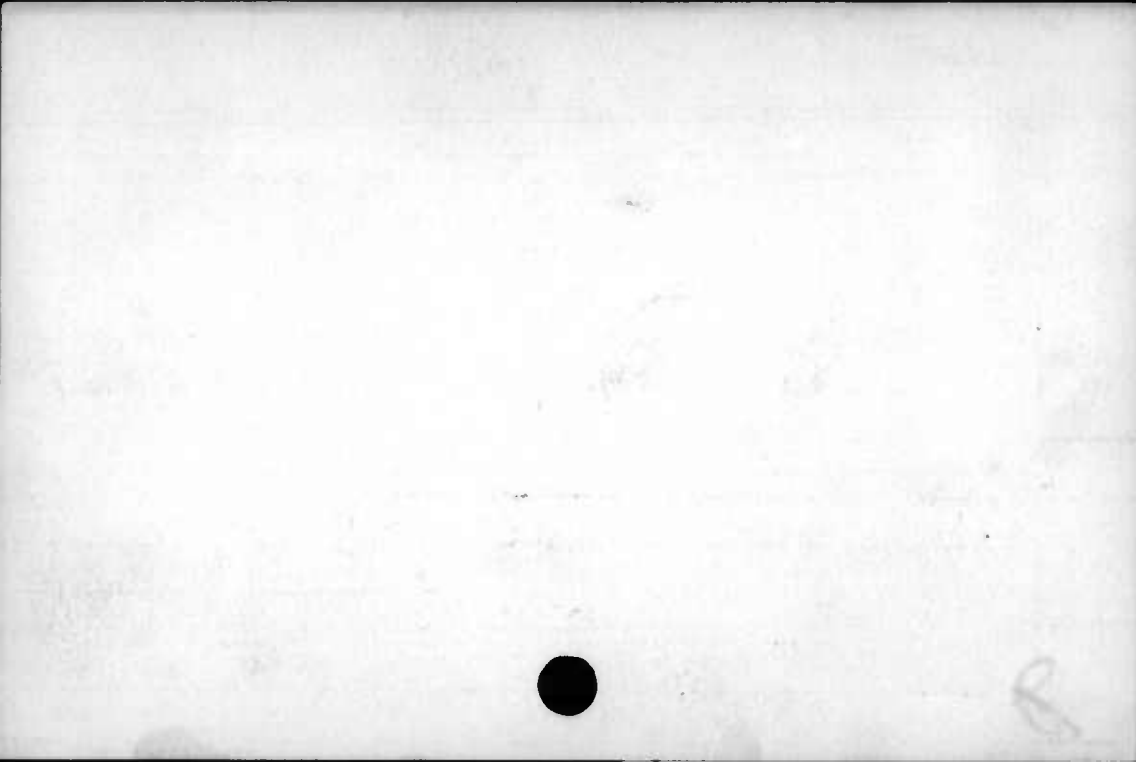
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Drutem</i> <sup>Town</sup>		<i>Barline</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	Month <i>1</i>	Day <i>6</i>	Age <i>63</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Pengbana</i>		
Occupation <i>School Teacher</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Sallie Sloan</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. N. Nichols M.D.</i>
	Address <i>Drutem Md</i>
Accident or Suicide?	



Name  
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Full

Charlie B. Henry

## CERTIFICATE OF DEATH

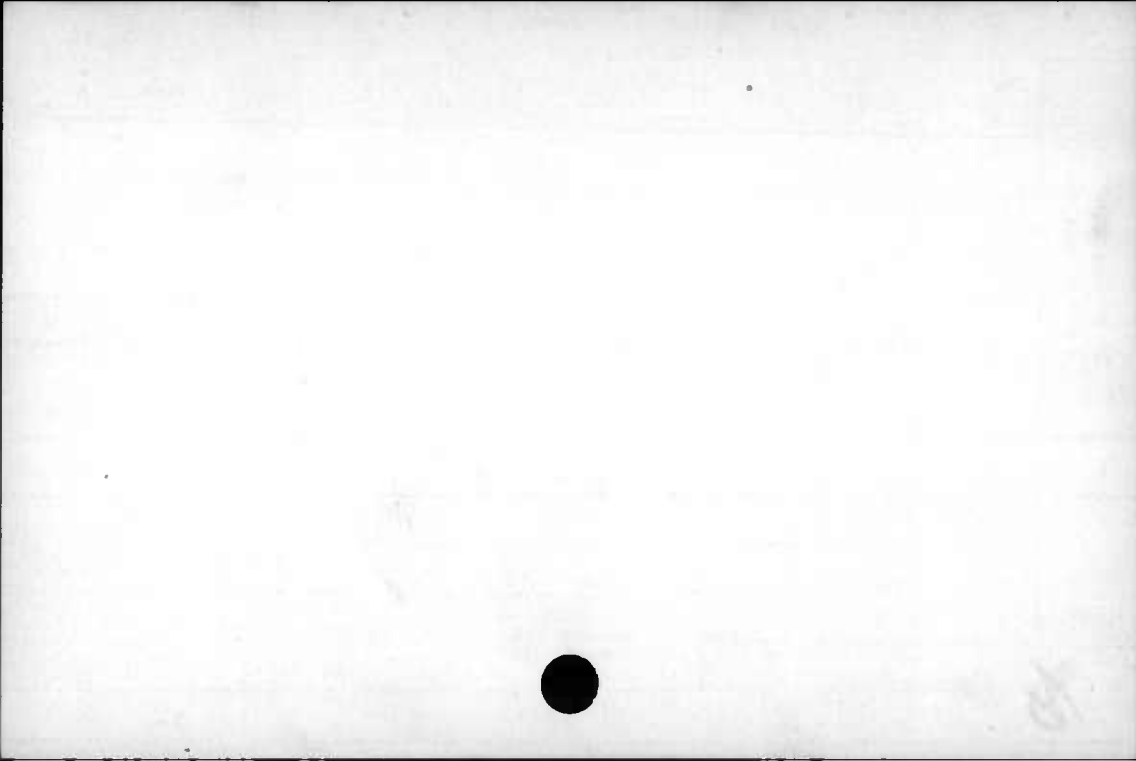
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Ridgely</i>		County <i>Caroline</i>		MARYLAND	
Date of death	1907	Month <i>Jan</i>	Day <i>24</i>	Age	Years	Months	Days <i>2</i>
Sex	<i>boy</i>		Color or Race	<i>colored</i>		Birth- place	<i>Ridgely</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name				<i>Sasbury Henry</i>			
Father's Birthplace				<i>Ridgely</i>			
Mother's Maiden Name				<i>Grace R Mathews</i>			
Mother's Birthplace				<i>brinton</i>			
Name of person giving In formation				<i>Sasbury Henry</i>			
How related to deceased				<i>father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Cold</i>	<i>(87)</i>	How long	<i>2 days</i>
Immediate				
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>		Signature of Physician	<i>J. B. Madara M.D.</i>
		Address	<i>Ridgely</i>	
Accident or Suicide?				



Name  
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Full

Alcade Kemmer

## CERTIFICATE OF DEATH

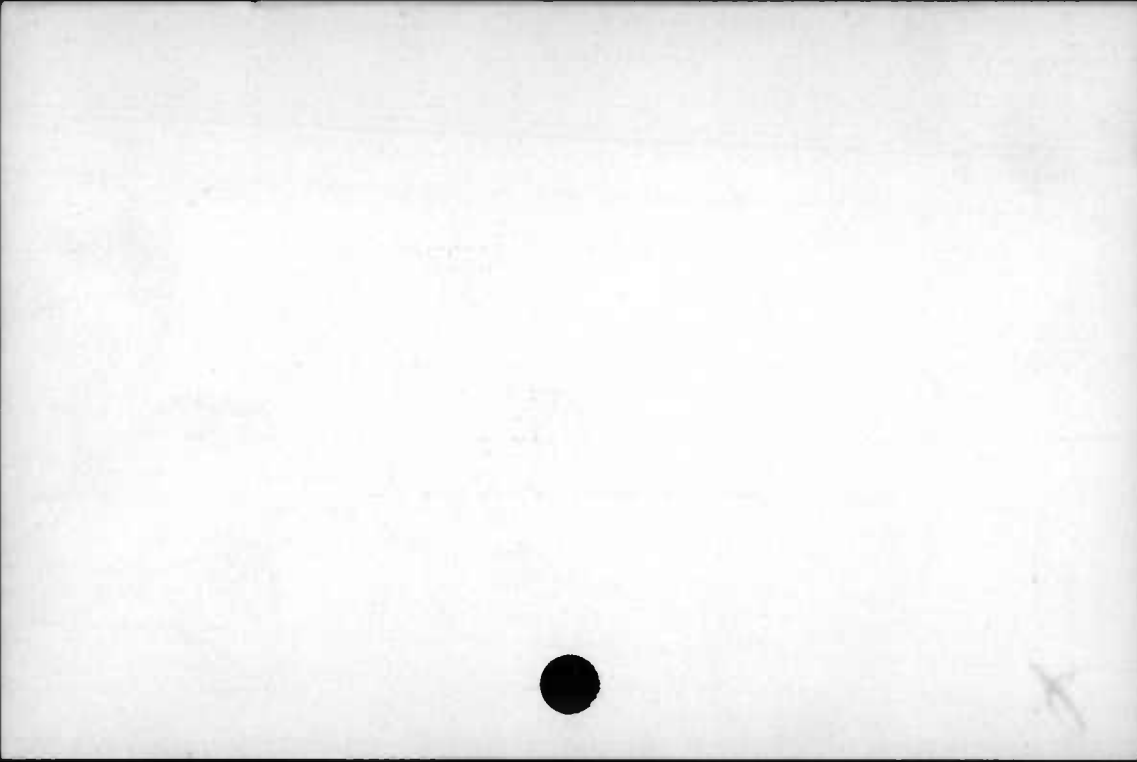
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Denton</i> Town		<i>Caroline</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>Jan</i>	Day <i>6</i>	Age <i>45</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Occupation <i>Barber</i>			Where Residing if not at place of death <i>"</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Elizabeth Marole</i>				
Father's Name <i>Levi Kemmer</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Mary Hale</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>J. J. Cope</i>			How related to deceased <i>Widower</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Bright's</i>	How long
Immediate <i>Cerebral Hemorrhage</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Charles Henry M. D.</i>
	Address <i>Denton Carbon County Md</i>
Accident or Suicide? <i>1</i>	



Name  
in  
Full

Roy Garkine

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

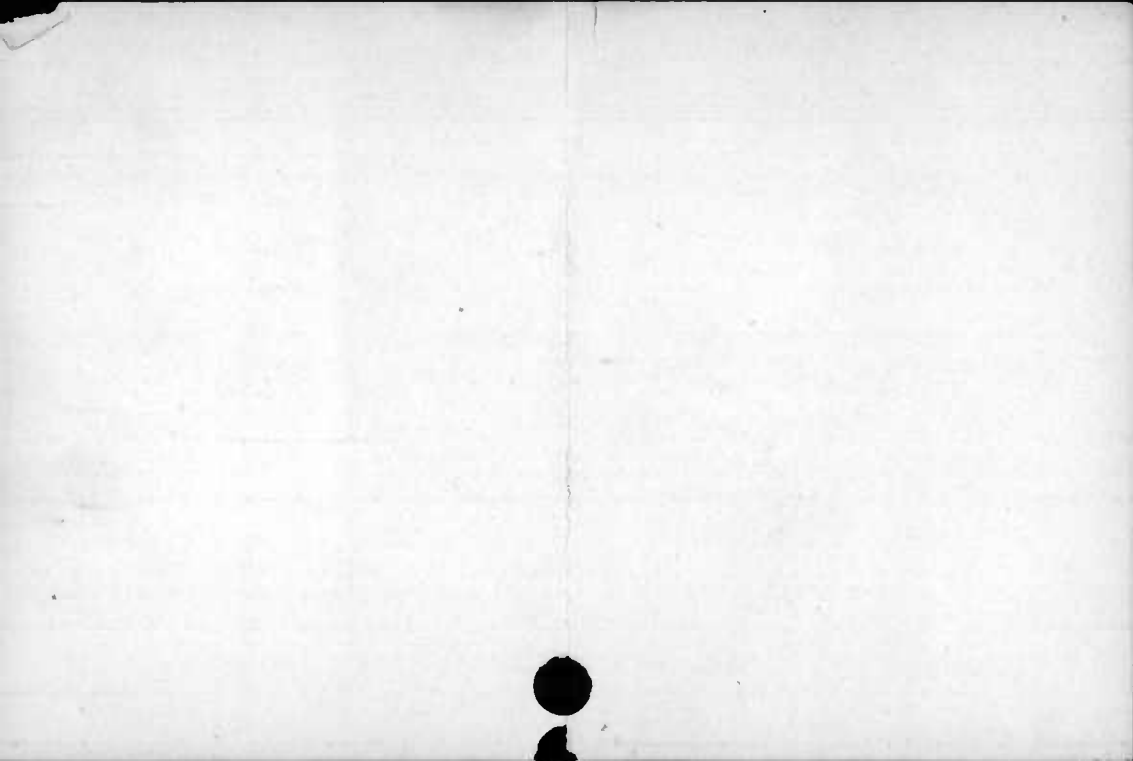
Died at		Town Fennelsburg		County Cecil		MARYLAND	
Date of death		190	Month 1	Day 1	Age 14	Years -	Months -
Sex Male		Color or Race White		Birth- place Pa.			
Occupation Student				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name Geo. Garkine				Father's Birthplace Pa.			
Mother's Maiden Name Minnie Garkine				Mother's Birthplace Pa.			
Name of person giving Information Minnie Garkine				How related to deceased Mother			

## CAUSES OF DEATH

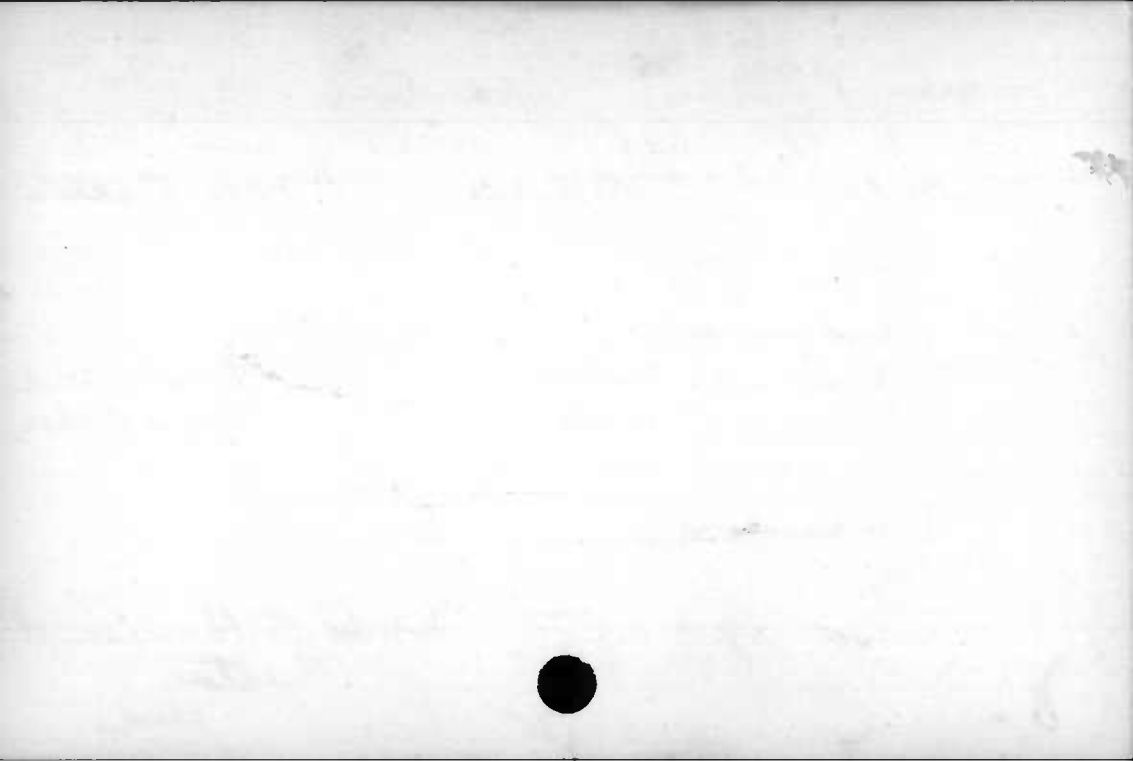
61

PHYSICIAN  
OR CORONER

Primary		How long	
meningitis		2 mos.	
Immediate		How long	
Cerebral on brain		-	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		G. F. Garkine	
		Address	
		Fennelsburg Md.	
Accident or Suicide?			
No			



Name in Full		Lord				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town New Preston		County Carroll		MARYLAND
	Date of death	1907	Month # 1	Day 4	Age	Years	Months Days
	Sex	None		Color or Race	W		Birth-place Md
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name			Fred Lord		Father's Birthplace Md	
	Mother's Maiden Name			Lower		Mother's Birthplace Md	
Name of person giving information		How related to deceased					
<div>CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary		Still Born			How long	
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician Raymond Downe			
				Address			
	Accident or Suicide?						



Name  
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## CERTIFICATE OF DEATH

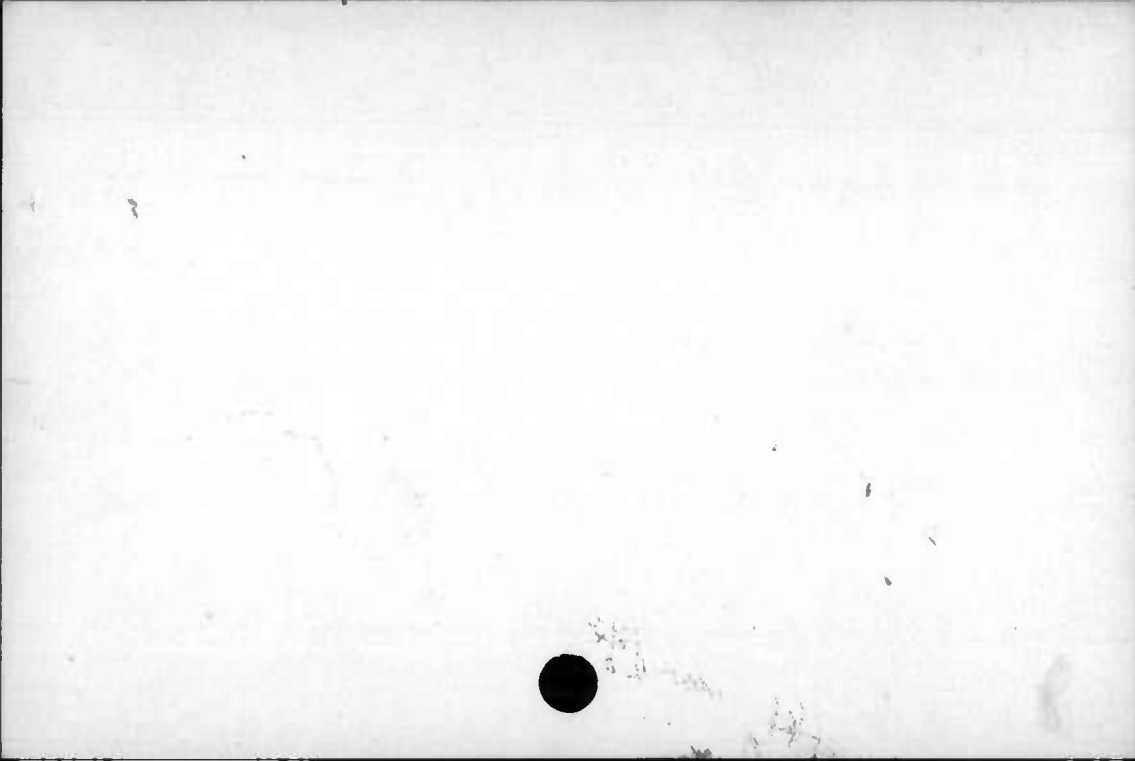
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>near Preston</u> Town		<u>Caroline</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>1</u>	Day <u>16</u>	Age <u>—</u> Years	Months <u>—</u>	Days <u>3</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>near Preston</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>Unknown</u>			Father's Birthplace <u>—</u>		
Mother's Maiden Name <u>Annie V. Noble</u>			Mother's Birthplace <u>Dor. Co. Md</u>		
Name of person giving information <u>Wm E. Noble</u>			How related to deceased <u>Grand father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Unknown</u>	How long <u>—</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Chas B. Harrison, Jr.</u>
	Address <u>Preston Md.</u>
Accident or Suicide? <u>—</u>	



Name  
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Full

Levi Calvin Reber

CERTIFICATE OF DEATH

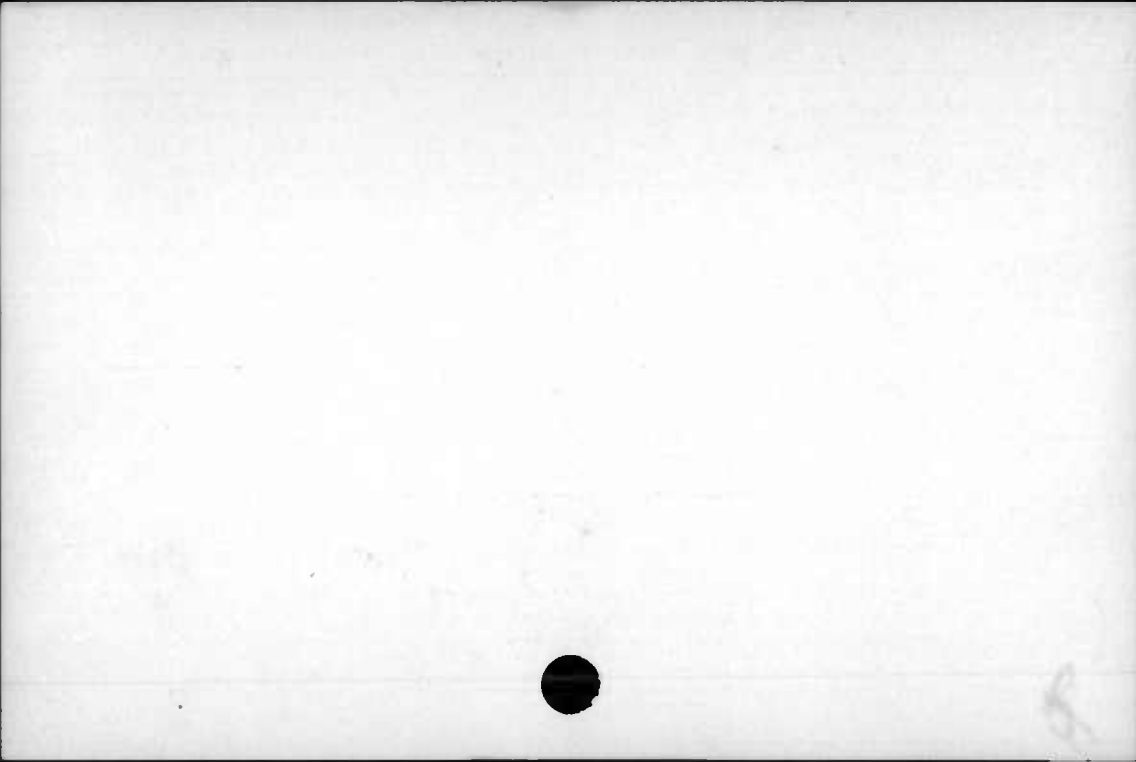
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Denton</i> <sup>Town</sup>		<i>Caroline</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	Month <i>Jan'y</i>	Day <i>2</i>	Age <i>7</i> Years	Months <i>11</i>	Days <i>6</i>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Maryland</i>			
Occupation <i>School child</i>		Where Residing if not at place of death <i>Maryland</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>-</i>				
Father's Name <i>A. C. Reber</i>			Father's Birthplace <i>Pennsylvania</i>		
Mother's Maiden Name <i>Ada King</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>A. C. Reber</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Membranous Nephritis</i>	How long <i>2 days</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Ys</i>	Signature of Physician <i>Geo. H. George, M.D.</i>
	Address <i>Denton Caroline County Maryland</i>
Accident or Suicide? <i>-</i>	



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CERTIFICATE OF DEATH

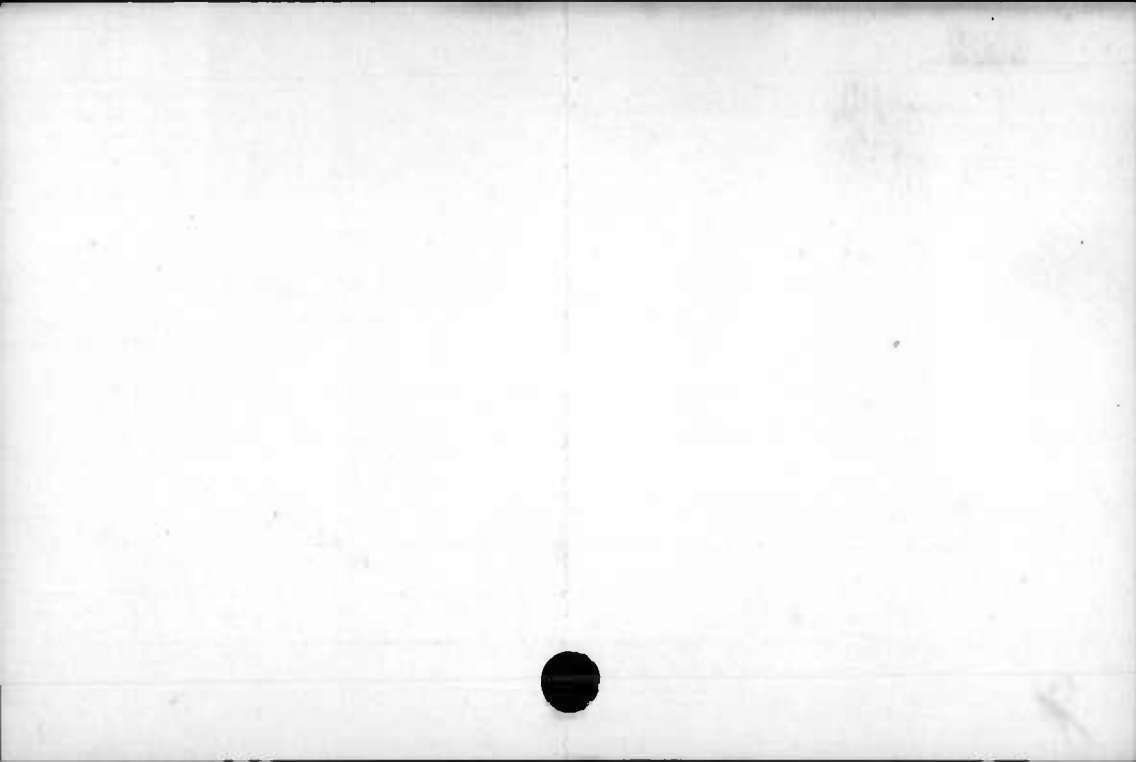
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Federalburg</i> <small>Town</small>		<i>Caroline</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>Jan</i> <small>Month</small>	<i>19</i> <small>Day</small>	<i>11</i> <small>Years</small>	<i></i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>female</i>	Color or Race <i>white</i>	Birth-place <i>md</i>			
Occupation <i>student</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>single</i>	Name of Wife or Husband				
Father's Name <i>Fred Scott</i>	Father's Birthplace <i>md</i>				
Mother's Maiden Name <i>Lena Wilson</i>	Mother's Birthplace <i>md</i>				
Name of person giving information <i>Fred Scott</i>	How related to deceased <i>father</i>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid</i>	How long <i>3 weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. Jefferson</i>
	Address <i>Federalburg md</i>
Accident or Suicide?	



Name  
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Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Date

of death 1907

Month

Day

Age

Years

Months

Days

Sex

Color or  
RaceBirth-  
place

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
informationHow related  
to deceased

## CAUSES OF DEATH

Primary

Immediate

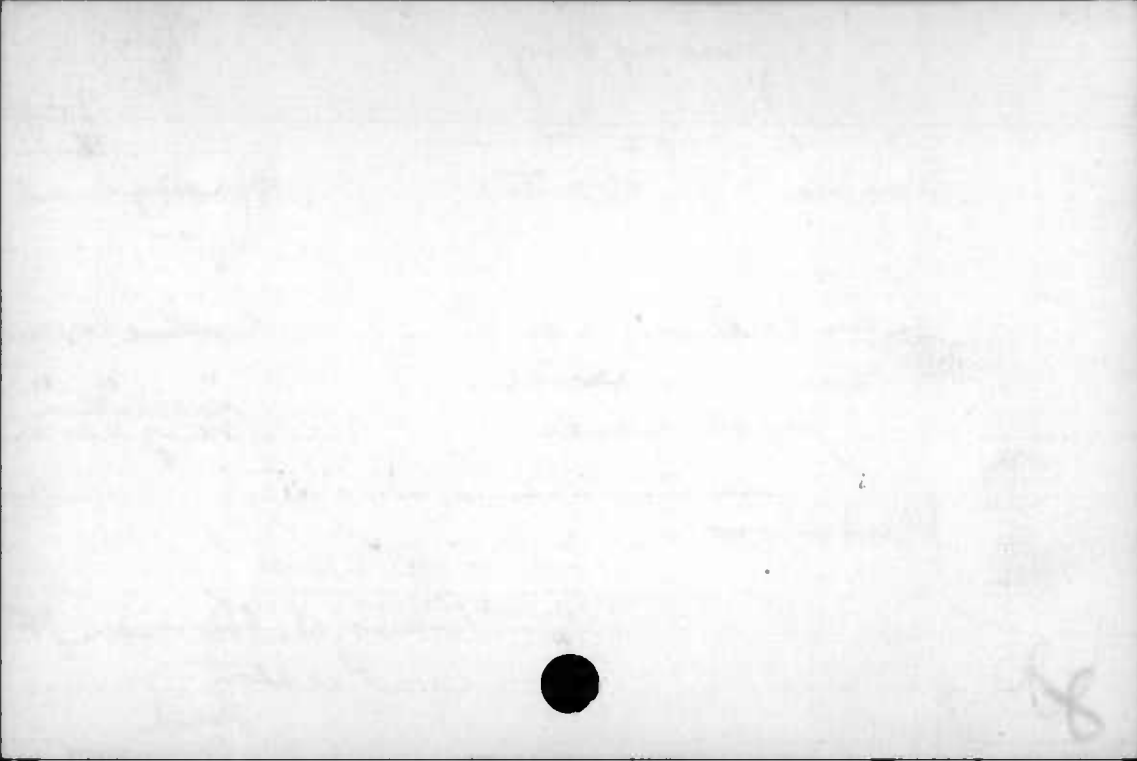
Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

How long

How long

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Willoughby

Town

County

MARYLAND

Died at

Date

of death 1907

Month

1

Day

12

Age

Years

Months

Days

4

Sex

Female

Color or  
Race

White

Birth-  
place

Maryland

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

John Willoughby

Father's  
Birthplace

Caroline Co, Md

Mother's  
Maiden Name

Laura Carroll

Mother's  
Birthplace

" " "

Name of person giving  
Information

Jacob Reese

How related  
to deceasedNo relation  
Neighbor

## CAUSES OF DEATH

Primary

Unknown

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Chas. B. Harrison MD

Preston

Md

Accident or Suicide?

PHYSICIAN  
OR CORONER



8